

EXHIBIT 20

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF NEW YORK, et al.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official capacity as
SECRETARY OF THE U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 1:25-cv-00196-MRD-PAS

DECLARATION OF LEONARD F. PERUSKI

I, Leonard F. Peruski, PhD, declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct:

1. I am the Director of the Wadsworth Center of the New York State Department of Health (“Wadsworth Center” or “Wadsworth”). I am familiar with the information in the statements set forth below either through personal knowledge, in consultation with the New York State Department of Health staff, or from documents that have been provided to and reviewed by me.

2. I submit this Declaration in support of the States’ Motion for a Preliminary Injunction.

Professional Background

3. I am the Director of the Wadsworth Center. My career in public health has spanned the past thirty years. Before joining Wadsworth in May 2023, I led international laboratory operations for the Centers for Disease Control and Prevention (CDC), an operating division of the U.S. Department of Health and Human Services (HHS).

4. During my time at the CDC, I served as the agency lead in Nigeria during the Ebola outbreak in West Africa and was deployed extensively during outbreaks in southeast Asia for anthrax, botulism and influenza, and across Latin American for Zika and Chikungunya viruses. I previously spent seventeen years stationed overseas developing sustainable laboratory capacity and guiding laboratory-centric public health research in more than seventy countries. I also worked to support several significant domestic public health responses, including as commander of the U.S. military team deployed to New York City in the aftermath of the 2001 anthrax attack, and leading the military team that provided biodefense testing at the 2002 Winter Olympics in Salt Lake City.

5. I have authored or co-authored over 70 publications in peer-reviewed scientific journals on the pathology of specific infectious diseases, as well as laboratory management.

6. The Wadsworth Center is a science-based community committed to protecting and improving the health of New Yorkers through laboratory analyses, investigations and research, as well as laboratory certification and educational programs. Wadsworth Center scientists:

- a. Study ongoing public health issues, from drug resistance to emerging infections and environmental exposures;
- b. Investigate basic biological processes that contribute to human health and disease; and
- c. Employ modern methods, such as next generation sequencing technologies, and other state-of-the-art technologies, for clinical testing and public health research.

7. The Wadsworth Center is also New York State's public health reference laboratory. As such, Wadsworth Center:

- a. Responds to urgent public health threats as they arise, from bioterrorism and chemical threats to SARS to synthetic cannabinoids to Legionella outbreaks;
 - b. Develops advanced methods to detect microbial agents and genetic disorders; and
 - c. Develops new methods and uses advanced accredited methods to monitor toxic environmental contaminants in drinking water, food, and human samples.
8. In addition, the Wadsworth Center:
 - a. Operates the most comprehensive laboratory licensure and oversight programs for clinical and environmental laboratories, and blood and tissue banks;
 - b. Trains the next generation of scientists through programs for doctoral, master's, and undergraduate students, as well as specialized training for postdoctoral fellows and others;
 - c. Maintains Clinical Laboratory Permits for three clinical laboratories: the David Axelrod Institute; the Biggs Laboratory; and the Griffin Laboratory; and
 - d. Maintains accreditation as an environmental testing laboratory at the Biggs Laboratory and David Axelrod Institute.
9. Moreover, the Wadsworth Center maintains and operates a Biosafety Level (BSL) 3 Laboratory.
10. The Wadsworth Center conducts its work out of five facilities, including the main laboratory at the Empire State Plaza, Albany, New York 12237.
11. The Wadsworth Center employs approximately 800 staff, fellows, interns, students and volunteers. In addition, on average, Wadsworth Center trains 50 students and visiting scientists per year.

12. I am providing this declaration to explain the impacts on New York State resulting from the CDC's reduction in capacity to test for infectious diseases, and conduct other important functions, since April 1, 2025.

Reliance on CDC Laboratory Testing Prior to April 1, 2025

13. Prior to April 1, 2025, New York State directed specimens for reference and confirmatory testing to the Hepatitis and Sexually Transmitted Infection (STI) laboratories at the CDC. The CDC has developed highly sophisticated tools including bioinformatic genetic analysis programs used for hepatitis outbreak investigations that are not available in any other laboratory.

14. For example, the Wadsworth Center would routinely utilize genetic analysis programs only available at the CDC electronically to identify suspect hepatitis C cases.

15. The Wadsworth Center would routinely send bacterial isolates to the CDC in order to perform surveillance for antibacterial resistance to understand the prevalence and spread of antibacterial resistance as well as to monitor for emergence of novel resistance markers in bacteria.

16. The Wadsworth Center would send specimens for enterovirus and Parechovirus to the CDC Respiratory Virus laboratory for diagnostic testing. These viruses cause severe respiratory disease as well as acute flaccid paralysis, especially in children.

17. The Wadsworth Center would send suspect Marburg specimens to the CDC Viral Special Pathogens Laboratory for diagnostic testing in order to identify this deadly disease, which is not present in the U.S.

18. This testing by the CDC was important to the Wadsworth Center because some of this testing is not performed routinely at the Wadsworth Center. Having surveillance testing

performed at the CDC allowed Wadsworth Center scientists to develop tests for other pathogens that may be circulating in New York and infecting a larger number of residents. The CDC also has BSL4 laboratories, which are not available in New York State, that allow the CDC to perform additional characterization of pathogens such as Marburg virus and other hemorrhagic fever viruses.

19. In addition, the Wadsworth Center would routinely send reference blood and urine samples to the CDC's National Center for Environmental Health's Division of Laboratory Services to be analyzed for toxic metals; these samples were then shared with almost all state public health laboratories to help for calibration and training purposes. This testing by the CDC was important to the Wadsworth Center because it provided access to reference methods not always readily available to state public health laboratories, and it provided a critical quality assurance tool that helped states harmonize their testing for toxic metals in human blood and urine.

20. This testing by the CDC was important to New York State residents because it ensured Wadsworth produced high quality data on New York State residents' exposure to environmental contaminants that could be compared to national exposure data produced by the CDC.

Changes in CDC Infectious Diseases Laboratory Testing Since April 1, 2025

21. Since April 1, 2025, the Wadsworth Center has been forced to respond to significant changes to the CDC's laboratory capacity resulting in a significant reduction in the availability of infectious disease and environmental testing.

22. The CDC has historically served as the leading national resource for testing rare or complex cases of infections, in particular Hepatitis and STIs. But, on April 1, 2025, Wadsworth Center became aware that HHS's reductions in force had impacted the CDC's infectious diseases laboratory testing programs.

23. Wadsworth Center first learned that the CDC would be eliminating much, if not all, of its reference and confirmatory testing for STIs. And, on April 2, 2025, Wadsworth began receiving outreach from other jurisdictions outside of New York State asking if the Wadsworth Center could perform testing for Hepatitis viruses, because the Hepatitis testing capacity within the CDC had been compromised. Wadsworth Center later learned that the entirety of the CDC's Hepatitis laboratory capacity had been eliminated due to the layoffs within the CDC's Division of Viral Hepatitis (DVH).

24. The elimination of the CDC's Hepatitis laboratories is especially concerning because DVH has developed and maintained a proprietary Global Hepatitis Outbreak and Surveillance Technology (GHOST) system to characterize viral genotypes and transmission links among cases with hepatitis C virus (HCV) infection in outbreak settings. The Wadsworth Center does not have access to the GHOST system and cannot replace the CDC's unique capability to track HCV infections in real time without committing significant, additional resources.

25. It is difficult to create a comprehensive list of the tests no longer performed by the CDC that Wadsworth Center has previously relied upon. Continuous changes have and continue to be made, and they have not been announced publicly or directly to Wadsworth in advance; rather, changes have been published on the CDC website with little or no advanced notice.

26. Wadsworth Center has had no direct, formal communication with the CDC regarding changes. At times, Wadsworth has been contacted by a specific laboratory at the CDC indicating that a test is being discontinued and asking if Wadsworth can do this testing. Other times, Wadsworth receives communication from the Association of Public Health Laboratories (APHL) asking if Wadsworth can do testing that the CDC has discontinued.

27. In addition to changes related to testing, Wadsworth has learned that the CDC has suspended support and investigation services to jurisdictions responding to lead contamination crises.

28. Wadsworth Center has also become aware that the Moffett Laboratory, an ISO-accredited facility within the FDA that is responsible for developing and certifying high quality food reference materials used to assess the proficiency of state laboratories, has been closed.

Effect on Institutional Operations

29. The Wadsworth Center has been significantly affected by the changes to the CDC infectious disease and environmental testing described above.

30. The changes to the CDC infectious diseases testing described above have forced the Wadsworth Center to divert resources to testing for pathogens including arboviruses, Mpox virus, mycobacteria, *Neisseria gonorrhoeae*, as well as Enteroviruses and Parechoviruses (including enterovirus-D68 (EV-D68)); testing for these pathogens was formerly performed by the CDC's infectious diseases laboratories. This has required Wadsworth to hire or train

additional staff for its core infectious disease programs in bacteriology, parasitology, virology, and mycology in order to maintain continuity of operations for the state.

31. In addition, the changes to the CDC infectious diseases laboratory testing have strained the Wadsworth Center's resources because it has received, and continues to receive, samples from other jurisdictions that cannot be tested anywhere in the U.S. other than the Wadsworth Center after CDC laboratory closures. The Wadsworth Center is the only laboratory other than the CDC capable of testing for certain pathogens. For example, only two laboratories in the U.S. can conduct reference testing for Chagas Disease: a CDC laboratory that is now closed, and the Wadsworth Center. The CDC has also ceased testing for critical exotic viral pathogens, including Mayaro virus, Heartland virus, bourbon virus, and dengue virus. The same is true for Leishmaniasis, a disease that can be fatal without early detection. Even for more common diseases, like gonorrhea, Mpox, or hepatitis, Wadsworth Center has had no choice but to fill in for gaps created by the closures of various CDC laboratories, including the Viral Hepatitis laboratory. In the last month alone, the Wadsworth Center performed tests for dengue, Mayaro, heartland, bourbon, and chikungunya viruses from patient samples from six different states due to the loss of testing from the CDC.

32. This increased demand for testing is harmful because the Wadsworth Center is intended to be a resource for New York State, not for the country as a whole. Our pricing models, liability insurance, and staffing were built to serve the needs of our State alone. Indeed, Wadsworth is not equipped to conduct many of the functions formerly undertaken by the CDC, including national surveillance of infectious diseases. The CDC's former status as the most elite and capable infectious disease laboratory system was built with federal funding and other federal resources that are simply unavailable to the Wadsworth Center, and cannot be replicated.

33. These changes risk significant harm to public health in New York State because, without adequate testing for infectious diseases throughout the country, our residents are at risk of being affected by dangerous outbreaks and chemical exposures that would otherwise be detected and controlled through our national public health systems, which have been developed and managed by the CDC.

34. Finally, the Wadsworth Center operates a program to regulate medical devices developed and used by clinical laboratories. These are referred to as laboratory developed tests (LDTs) and the Wadsworth Center routinely relies on the U.S. Food and Drug Administration to discuss oversight of LDTs when new and emerging technologies are being used. The April 1, 2025, reduction in force has significantly impacted the Wadsworth Center's interactions with the FDA.

Conclusion

35. The changes to the CDC's infectious diseases laboratory testing described above harm the Wadsworth Center because it has been forced to take on testing responsibilities that were previously handled by the CDC and, in some cases, forgo the vital testing of samples taken from New Yorkers if Wadsworth Center does not have the capacity to do such testing on its own. In addition, as one of the only laboratories capable of testing certain samples other than the CDC before April 1, 2025, the Wadsworth Center has been forced to respond to urgent requests for testing from other jurisdictions, straining its already-limited resources allocated for the benefit of New Yorkers.

36. These new demands are already straining the institution's limited resources and contributing to an increased risk of public health harms in New York State, both from the loss of the CDC resources and services and the interruption of the Wadsworth Center's ability to conduct its day-to-day functions.


Leonard F. Peruski, PhD

Date: May 7, 2025